U.S. Depaytment of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1	For Offi AUG	cial Us	e Only 2005	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/6/95	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William F Trendley	Name Ironworkers Local 396
	Labor Organization File Number 019470
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2500 59th Street	Street 2500 59th Street
City   St. Louis	City St. Louis
State MO ZIP Code + 4 63110~2814	State MO ZIP Code + 4 63J:10 + 2814
5. Position in labor organization. Business Agent	The same of the sa
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
<ol><li>Name and address of Employer (including trade name, if any).</li></ol>	7.a. Nature of interest, Transaction, of income.
Name	
Trade Name, if any:	
S C Day Did a Day No if any	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City :	,
	the second secon
State ZIP Code + 4	
Signa	ature
45 01 4	Perjury and other applicable penalties of the law, that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William F Trendley

Name of Person Filing William F. Trende	Name of Person Filing	William	F. Trendley
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File Number U-

)	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Group Health Plan  Trade Name, if any: GIHP  P.O. Box, Bldg., Room No., if any  Street: /// Corporate Office Or.  City St. Louis	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
State Missouri ZIP Code + 4 63045  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Lunch con Meeting for Membership Management 3990 8-12-04 Lunch ton Meeting Year End ISSUES 12-22-04  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  GHP is the HMO Provider for Local 396 Members  12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name if any	
Trade Name, if any:	w were a series of the series
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	Without a case of the case of
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing	Willia	m F.	Tren	dley	

ZIP Code + 4

or Consultant

File Number U-

substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or i dealing with your labor organization or with a trust in which your labor organization or with	gerwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise ization is interested.  9. Business deals with:  a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  KY. Lake/District Council General  Meeting-Lunch + Golf 32.75  8-25-05  District Council General Meeting  X Mas Itoliday 12-14-05 106  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  5t. Louis I W District Council  Head Quarters. St. Louis I w's  Local is an Affiliate
	12.b. Amount. 20000
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
	A A A A A A A A A A A A A A A A A A A
Trade Name, if any:	Washington and the second and the se
P.O. Box, Bldg., Room No., if any	
Stroet	

14.b. Amount of payment.

13.b. Is the Business an Employer

City

State

Name of Person Filing William F Trendle	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which yo	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise exation is interested.  9. Business deals with:  a. Labor Organization  b. Trust
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name In an workers, St. Louis Distric Co Trade Name, if any: Tedro & Associates, Inc.  P.O. Box, Bldg., Room No., if any  Street 2160 South Foster Ave.  City Wheeling  State III ZIP Code + 4 60090	Kan city, wash, De. + Minneapolismun. Plan overveew & Future Investments, Dinner Included 8-00  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  NN Q Handles the large cap Value Investments For the Ironworkers Ann. Plan
	12.b. Amount. 11, 199, 941

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:	The state of the s			
P.O. Box, Bldg., Room No., if any	The second secon			
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing William F Treno	//e/	ile Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	value from a business (1) a erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Iron workers Local 396  Trade Name, if any: Int. 955. of Bridge, Struct.  Ornamental & Reinforcing Iron workers  P.O. Box, Bldg., Room No., if any  Street: 2500 59th Street  City St-Louis  State MO. , ZIP Code + 4 63110	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	3-03, 3-04,  11.b. Approximate dollar value of 12.a. Nature of interest held or	such dealing. 1923
	12.b. Amount.	3,500,0090
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Trade Name, if any:	:	8-0-1
P.O. Box, Bldg., Room No., if any	; ;	and the state of t
Street	: :	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	